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GA 4 2171 \$



Attorney's Docket No.: 42390.P6899

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Smith, et al.

Application No. 09/475,653

Filed: 12/30/1999

For: INTELLIGENT AGENT BASED E-MAIL
NOTIFICATION SYSTEM

Examiner: Haythim J. Alaubaidi

Art Unit: 2171

First Class Certificate of Mailing

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Judy L. Steinkraus

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COMMISSIONER FOR PATENTS
Washington, D.C. 20231-0001

SIR: Transmitted herewith is an Amendment for the above application.

Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	
	Claims Remaining After Amd.	Highest No. Previously Paid For	Present Extra	
Total Claims	*26	Minus	**26	0
Indep. Claims	*4	Minus	***4	0
First Presentation of Multiple Dependent Claim(s)				

SMALL ENTITY	
Rate	Additional Fee
X9	\$
X42	\$
+140	\$
Total Add. Fee	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X18	\$
X84	\$
+280	\$
Total Add. Fee	\$ 0

* If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$ _____ is attached for presentation of additional claim(s).

Applicants hereby Petition for an Extension of Time of one month pursuant to 37 C.F.R. § 1.136(a).

A check for \$110.00 is attached for processing fees under 37 C.F.R. § 1.17.

Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

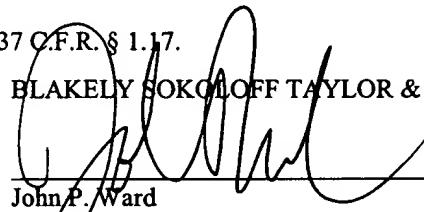
A duplicate copy of this sheet is enclosed.

The Commissioner of Patents and Trademarks is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2666 (a duplicate copy of this sheet is enclosed):

Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.

Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP


John P. Ward

Reg. No. 40,216

Date: 07/24/2002

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Seventh Floor
Los Angeles, California 90025
(408) 720-8300



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Judy L. Steinhaus

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PTO/SB/17(09/00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL FOR FY 2002**TOTAL AMOUNT OF PAYMENT \$110.00**

Complete if Known:

Application No. 09/475,653

Filing Date 12/30/1999

First Named Inventor Smith, et al.

Group Art Unit 2171

Examiner Name Haythim J. Alaubaidi

Attorney Docket No. 42390.P6899

METHOD OF PAYMENT (check one)

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1. The Commissioner is hereby authorized to charge deficiencies in fees and credit any over payments to:

Deposit Account Number 2-2666
 Deposit Account Name _____

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed: Check
 Money Order
 Other

FEE CALCULATION**1. BASIC FILING FEE**

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>COPY OF PAPERS ORIGINALLY FILED</u>	<u>Fee Paid</u>
Fee Code 101	Fee Code 201	Utility application filing fee	_____	_____
Fee Code 106	Fee Code 206	Design application filing fee	_____	_____
Fee Code 107	Fee Code 207	Plant filing fee	_____	_____
Fee Code 108	Fee Code 208	Reissue filing fee	_____	_____
Fee Code 114	Fee Code 214	Provisional application filing fee	_____	_____

SUBTOTAL (1) \$ _____

2. EXTRA CLAIM FEES

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
_____	- 20** = _____	X _____	= _____
Independent Claims _____	- 3** = _____	X _____	= _____
Multiple Dependent			= _____

**Or number previously paid, if greater; For Reissues, see below.

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee Code 103	Fee Code 203	Claims in excess of 20	_____
Fee Code 102	Fee Code 202	Independent claims in excess of 3	_____
Fee Code 104	Fee Code 204	Multiple dependent claim, if not paid	_____
Fee Code 109	Fee Code 209	**Reissue independent claims over original patent	_____
Fee Code 110	Fee Code 210	**Reissue claims in excess of 20 and over original patent	_____

SUBTOTAL (2) \$ _____

FEE CALCULATION (continued)

3. ADDITIONAL FEES

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
099	8,800	099	8,800
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
148	110	248	55
149	740	249	370
179	740	279	370
169	900	169	900
195	300	195	300
196	300	196	300
194	130	194	130
098	130	098	130
091	1,280	091	1,280
Other fee (specify) _____			
Other fee (specify) _____			
SUBTOTAL (3) \$110.00			
*Reduced by Basic Filing Fee Paid			
SUBMITTED BY: _____			
Typed or Printed Name: _____			
Signature: _____ Date: July 24, 2002			
Reg. Number: 40,216 Telephone Number: (408) 720-8300 x237			